

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Cold Springs Water Company PWS ID# 41 -05201
 Month/Year 7.125 Entry Point: Required Minimum Residual .70 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10		2.79	
2	10		1.29	
3	10		1.34	
4	10		1.30	
5	10		1.29	
6	10		1.21	
7	10		1.14	
8	10		1.06	added chlorine
9	10		2.60	
10	10		2.31	
11	10		2.37	
12	10		2.31	
13	10		2.31	
14	10		2.29	
15	10		2.39	
16	10		2.31	
17	10		2.34	
18	10		2.20	
19	10		2.18	
20	10		2.15	
21	10		2.13	
22	10		2.09	
23	10		2.01	
24	10		2.05	
25	10		2.00	
26	10		1.89	
27	10		1.92	
28	10		1.87	
29	10		1.85	
30	10		2.05	
31	10		2.05	

Was the chlorine residual ever less than the required minimum residual of .70 mg/L? ☐ Yes ☒ No
 If yes, what was the longest time period until the required level was restored? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Date it was returned to service: _____

Printed Name: Lisa Grigg

Title: Accounting Clerk

Operator Certification #: 5991524

Signature: [Signature]

Phone #: (503) 985-7561

OR

Date: 8/8/25

Small Groundwater System ☐